

United States District Court  
District of New Hampshire

**CJA ATTORNEY PAYEE REGISTRATION**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Telephone: \_\_\_\_\_

INDICATE BELOW HOW PAYMENTS SHOULD BE REPORTED TO THE IRS

☐ Under my social security number and name, as indicated above

**O R**

☐ To the law firm with which I am affiliated. The law firm's taxpayer identification number, name, and address are:

Taxpayer ID #: \_\_\_\_\_

Law Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Attorney Signature: \_\_\_\_\_ Date: \_\_\_\_\_